

HENRY COUNTY BOARD OF SUPERVISORS

Name: _____ **Phone:** _____

Address: _____

Voting District: _____ **Employer:** _____

Commission(s) or Board(s) on which you are interested in serving:

Please list your background, training, or experience which you feel would contribute to this group (you may attach a resume):

Have you ever worked for the Board/Commission on which you are interested in serving?

If so, when? _____

Signature

Date

Please return to:
Tim Hall
Henry County Administrator
P. O. Box 7
Collinsville, Virginia 24078